

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 08/03/2012

CCC 189351 8/19/12

Voucher Number	Vchr Line	VchrlneDescr	Distr Account	Account	Fund	VendorName	Withhold	Accounting Year	Period Month	PurchaseOrder	Invoice Number	Total Amount
00304836	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	07	0000090250	Adams, R. 7.23-7	570.00
Total For Voucher												570.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00304836
 Voucher Style: Regular

Invoice Number: Adams, R. 7.23-7.27
 Invoice Date: 07/30/2012
 Total: 570.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now ☐ ☒ Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 570.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 07/30/2012 

Net Due: 07/30/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Message will appear on remittance advice.

Messages

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500 Invoice Number: Adams, R. 7.23-7.27
 Voucher ID: 00304836 Invoice Date: 07/30/2012
 Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
 Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2 DATE 7/23/12
AGENCY CODE 66500 VOUCHER NUMBER 06304636

NAME Richard Adams

CAR LICENSE NUMBER GS 1984

SOCIAL SECURITY NUMBER 973037

MODEL Nissan

NORMAL WORK DAY 8am TO 5pm

YEAR 2011

POST OF DUTY
Ruidoso

PROPOSED
(ADVANCE VOUCHER) ☐

RESIDENCE
Ruidoso

ACTUAL
(RECOUPMENT VOUCHER) ☒

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTRACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MIILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
7/23/12	7:00am		Depart Ruidoso to Santa Fe to meet with Cabinet Secretary and OFM staff. Overnight Santa Fe rates apply*				135.00		135.00
7/24/12			Overnight Santa Fe rates apply*				135.00		135.00
7/25/12			Overnight Santa Fe rates apply*				135.00		135.00
7/26/12			Overnight Santa Fe rates apply*				135.00		135.00
7/27/12		7:00pm	Depart Santa Fe to Ruidoso Partial day per diem-12.0 hrs				30.00		30.00
PER DIEM IS BASED ON (CHECK ONE)									
ACTUAL		<input type="checkbox"/>							
APPROVED RATES		<input checked="" type="checkbox"/>							
				I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.					
				Employee Signature	Date				
				TOTALS			570.00		570.00
				Advance Amount @ 80%					
				Adjusted Reimbursement					

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

GENERATED BY DOH - ITEMIZED version 1.0.2

LAST MODIFIED ON: 07/23/2012 14:26

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams
do solemnly swear that the above claim for reimbursement is true and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE X Richard Adams 7-30-12